

# Records Transfer Form

Name:	<input type="text"/>	Office of Origin:	<input type="text"/>
Date:	<input type="text"/>	Phone:	<input type="text"/>
		Location:	<input type="text"/>

Dept. Box No.:	<input type="text"/>	Retention ID:	<input type="text"/>
Date Range (From): mm/dd/yyyy	<input type="text"/>	Date Range (To): mm/dd/yyyy	<input type="text"/>
		Inactive Date: mm/dd/yyyy	<input type="text"/>
Title of Series:	<input type="text"/>		
Record Description:	<input type="text"/>		

Dept. Box No.:	<input type="text"/>	Retention ID:	<input type="text"/>
Date Range (From): mm/dd/yyyy	<input type="text"/>	Date Range (To): mm/dd/yyyy	<input type="text"/>
		Inactive Date: mm/dd/yyyy	<input type="text"/>
Title of Series:	<input type="text"/>		
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